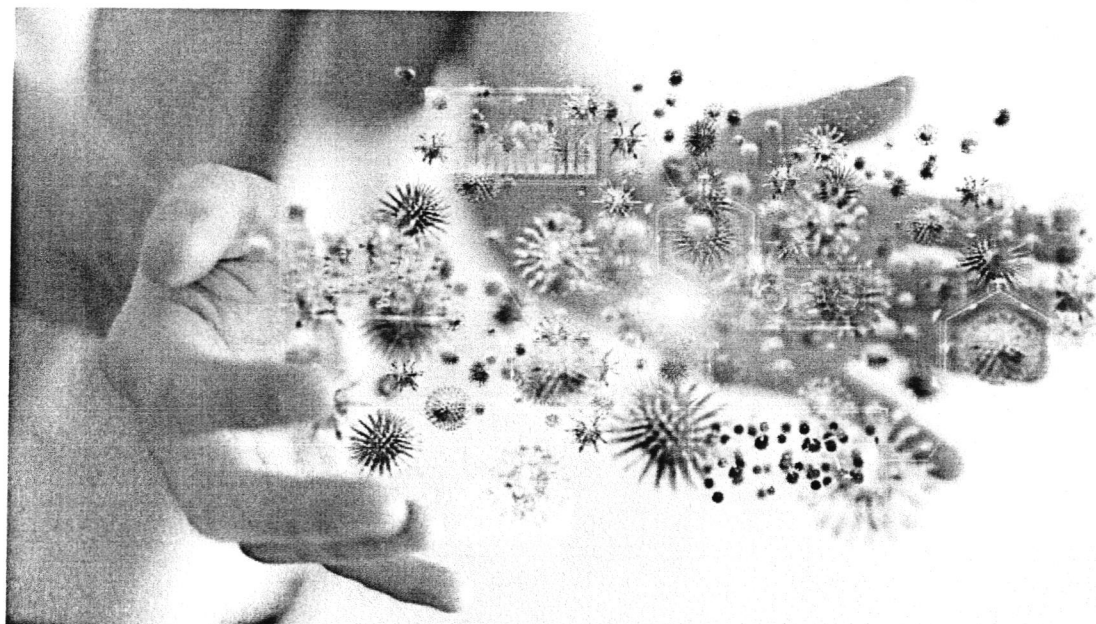


INFECTION PREVENTION AND CONTROL DEPARTMENT



NNGH EDUCATIONAL PLAN

PREPARED BY: Mr. DHAFFER AL ZULAYQ

IPC DIRECTOR

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IPS DIRECTOR

APPROVED BY: MR. MOHAMMAD HAMAD ALSWEIDAN
HOSPITAL DIRECTOR

2023

INTRODUCTION

Learning is a way to transform knowledge, insights, and skills into behavior. The learning environment in NNGH is unique because of the diversity of the healthcare personnel. Diversity includes characteristics such as age, cultural background, ethnicity, education, and learning styles. HCWs learners seek out learning experiences to satisfy a personally perceived need based on past experiences. The more success adult learners have, the more willing they will be to participate in future learning experiences. HCWs learners may approach the education and training environment in a much different manner. Healthcare's complexity and rapid change require that training activities also address issues of literacy, cultural diversity, cross-training, and technological advances.

Successful educational activities in NNGH should be informed by learning theories and the educational needs of the learner population, the institution, and the community as they relate to infection prevention.

Facilitators should provide an appropriate climate for learning as well as demonstrate creativity and flexibility. The most basic goal of NNGH education and training is to improve job skills and competence. Workplace training in NNGH is a response to emerging issues in the field and tends to be problem-focused. Learning retention increases when immediate application follows instruction.

Workplace education is business-driven and tied to administrative and financial goals, productivity, and the need to benchmark against the best professional practices. Needs assessments or performance improvement studies identify deficiencies in knowledge, skills, or attitude and serve as the basis for educational program development. IPC Team should develop a well-defined plan for each learning experience that includes goals, objectives, and appropriate teaching methods. Training should be linked to NNGH organizational vision, mission, and values.

Goals

The most basic goal of NNGH education and training program is to improve job skills and competencies. A greater emphasis is being placed on using “gap analysis” to distinguish performance issues from other needs. Healthcare’s complexity and rapid change, however, demands more. The issues of literacy, cultural diversity, multiple-skilled workers, and technological advances are addressed through education. Outcomes should include increased competence in identifying problems, critical thinking, managing existing situations, and coping effectively with stress.

An increasingly diverse workforce has driven the need for increased attention to transcultural competence in training programs. Cultural diversity and a mixed workforce are regarded as organizational strengths. People who do not think alike help to create a competitive advantage when problem-solving. Similarly, providing opportunities for workers to network with other personnel and share their expertise within the organization will expand the learner’s creative abilities.

OBJECTIVES

- Providing NNGH staff, trainees and volunteers with a clear, standardized, and scientific and evidence up to date based information for managing infection prevention and control.
- Promoting best infection control practices through education, awareness and training of health care provider through lectures, workshops and departmental training.
- Encouraging staff growth and study, thereby promoting professionalism among health care provider.
- Assess Educational needs of NNGH staffs.
- Building infection control culture in Najran community in providing education for HCWs, patients, patient’s families and visitors about infection risk, and prevention control.
- Increase the awareness of Najran community about most dangerous diseases and the importance of immunization.
- To decrease the gap between practices and knowledge.

Transferring of new knowledge into practices

Evaluation Plan

Program evaluation is necessary to measure change and growth in HCWs regarding IPC knowledge and practices. IPC Team will use evaluation at different points within the program development process.

Formative evaluation is conducted during the planning of the educational session to provide immediate feedback and to allow appropriate changes to be made. *Summative evaluation* occurs after the program is completed to determine impact and overall effectiveness. Health care personnel competence Data collected from NNGH staff before, during, and after an education program is needed to demonstrate efficacy and impact.

Direct observation of practices and notify behavioral changes that are the result of the course and questionnaires

INFECTION CONTROL NEWSLETTER

Infection Control Department created a monthly infection control newsletter to provide staff with information and updates on contemporary infection prevention and control issues that may be relevant to staff workplace and communicated in all departments through electronic email (Intranet System).

INFECTION CONTROL CHAMPIONSHIP PROGRAM:

The Infection Control Champions will carry out the mission and vision of the Infection Prevention Champions program, educating self and NNGH staff on infection prevention and control topics (e.g., Hand hygiene, HAI's prevention) maintaining high quality control within their related areas and addressing performance improvement needs. The Champion has the responsibility to be familiar with and communicate practice guidelines and infection control policies. **Target Groups:** All departments staff

EDUCATIONAL TOOLS

Educational Lectures to be delivered monthly by the Infection Control Team for all clinical staff (Doctors, Nurses, allied staff).

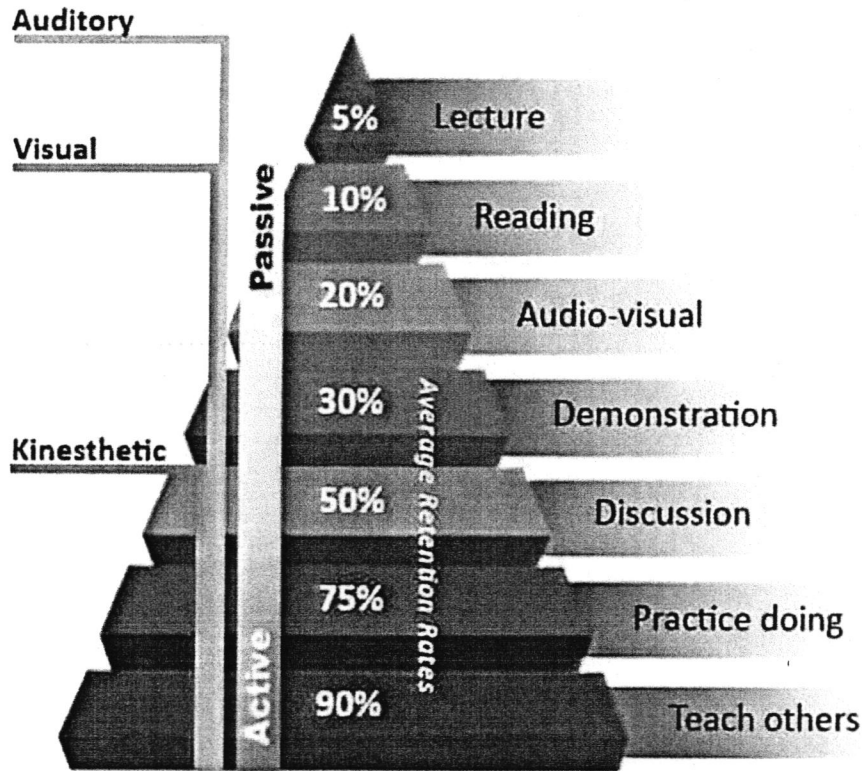
Continuous education to be run weekly for non-clinical staff / support services on the saving life program.

Orientation session for NNGH staff by Infection Control Manual Policies & Procedures.

Infection Control training course and educational workshops to be hold quarterly for clinical staff

on Basic Infection Control Course.

- "Save Lives Campaign" to be conducted quarterly for all NNGH staff.
- Continuous education for infection prevention and control staff. Monthly Infection Control Newsletter.
- Infection control rounds conducted by IPC Team.
- Weekly continuous Education for Infection Control staff.
- Conduct (3) Infection Control Symposium targeted among professional groups and use relevant bodies and expert staff.



Adapted from the NTL Institute of Applied Behavioral Science Learning Pyramid

LEARNING ENVIRONMENT

- NNGH lecture hall in first floor which has capacity 84 persons equipped by large monitor, computer and internet connection.
- Infection prevention and control education and training hall in second floor has capacity for 15 persons equipped by monitor, computer, internet connection, PPE, H.H facilities, medical waste containers and respiratory fit test equipment's.

NNGH IPC EDUCATIONAL PLAN

INTERNAL EDUCATION

NNGH NEW STAFF

New employees upon joining will give a lecture that includes all the basics of infection control, the definition of the basics of infection control and how to apply them On hire orientation for new staff.
(General Orientation-Departmental orientation).

NNGH staff

Regular and continuous daily through rounds

Officially and non-officially.

Monthly (lectures and workshops)

-General

-Departmental

Periodic

- Training course and educational workshops (quarterly)

-Yearly through Basic infection control skills license
(BICSL) which is mandated

- Hand Hygiene Campaign
occasional

(Recent updated topics, New disease, New IPC guidelines, outbreak)

Continues Educational Program for Infection Prevention and Control Staff

TRAINEES AND SUPPORT TEAM

On joining work (orientation).

Regular and continuous daily through rounds

Officially and non-officially.

Monthly (lectures and workshops).

PATIENTS, WATCHERS, PATIENT'S FAMILIES AND VISITORS

Collaboration with health education department through (rounds, brochures, monitors and social media)

TARGET GROUP

NEW STAFF (on hire)

General Orientation for newly hiring employee, Infection Control Department Participate by 2 Educational Lectures in Arabic and English:

- NNGH Infection Prevention and Control Orientation Program.
- Occupational Health and Safety Orientation Program including presentation for the Employee Health Clinic.

Departmental orientation infection prevention and control

All new staff attends to IPCD to receive an orientation to the hospitals infection control policies for hour, the orientation form signed by staff and IPCP, IPCD and kept in.

PLACE: Infection control department

NNGH STAFF REGULAR AND CONTINUOUS EDUCATION PROGRAM

- There is regular and continuous staff education on infection control through daily rounds (Officially and non-officially) sometimes one by one education, to ensure that old staff knowledge on infection control issues is being continuously refreshed and updated.
- Monthly (lectures and workshops) depend on annual plan subjects.

REGULAR AND CONTINUOUS EDUCATIONAL TOOL

General Educational Lectures to be delivered monthly by the Infection Control Team for all clinical staff (Doctors, Nurses and technician) and lectures for housekeepers.

PLACE: In NNGH lecture Hall

Departmental workshops monthly all over the hospital and in specific departments

PLACE: All over NNGH departments ex: ER, ICUs, Laboratory, laundry and kitchen.

Awareness sessions to be included at lectures for staff about the occupational health program.

Departmental Orientation session for NNGH staff by Infection Control team for IPC Manual Policies & Procedures.

Continues Educational Program for Infection Prevention and Control Staff (Study what is update in Infection Prevention and Control from MOH guidelines, CDC, WHO, etc....)

PERIODIC

PERIODIC EDUCATIONAL TOOL

Infection Control training course and educational workshops to be hold quarterly for clinical staff
on Basic Practices in Infection Control. **NNGH lecture Hall**

Yearly through Basic infection control skills license (BICSL) training course which

includes (Proper Hand Hygiene, Proper use of Personal Protective Equipment's (PPE),

Fit Testing Procedure, Importance of Vaccination: Influenza & Meningococcal Vaccination, I/M

Techniques & Proper Safe Injection Practices **Infection control department**

"Hand Hygiene Campaign" to be conducted yearly for all NNGH staff for 3 months **All over NNGH department**

OCCASIONAL

On need in specific circumstances (Recent updated topics, New disease, New IPC guidelines, outbreak)

PLACE: In NNGH lecture Hall

NNGH TRAINEES, SUPPORT TEAM

On joining work (orientation). General and Departmental as NNGH new staff.

PLACE: In NNGH lecture Hall and All over NNGH departments

Regular and continuous daily through rounds officially and non-officially.

Monthly (lectures and workshops) at the same timetable of NNGH staff.

PLACE: In NNGH lecture Hall and All over NNGH departments

PATIENTS, WATCHERS, PATIENT'S FAMILIES AND VISITORS

Collaboration with health education department and IPC Link-Nurses or IPC represented in the departments through:

Rounds one by one education for patients, watchers, patient's families and visitors and watcher. They will receive education and orientation on infection prevention and control issues (such as Hand Hygiene, Isolation Precautions, Handling died bodies outside the organization, Immunocompromised Patient, Prophylactic measure during Community Outbreak...)

Posters, brochures and monitors in waiting areas and social media according to needs.

Visitors and Patient families share with NNGH staff the celebration of International Days (Global Hand Hygiene Day, TB Day...)

EXTERNAL EDUCATIONAL PLAN

TRAINING OF NNGH IPC STAFF

lectures, workshops and conferences inside and Outside NNGH.

To attend lectures and workshops from IPC directorate of Najran according to 2021 schedule.

THE INFRASTRUCTURE OF EDUCATIONAL AND TRAINING PLAN

The location of education and training

(lecture halls, departmental and through daily rounds).

The information and educational material

Infection prevention and control basic subjects recommended by MOH e.g.: proper hand hygiene, proper PPE usage, safety injection, Hospital acquired infection and occupational health program.

According to staff needs: Through questionnaire to define the departmental needs and focus on specific subjects.

Competency Assessment for the attendees through written or oral questions and discussions.

Through IPC daily rounds to assess the improvement of IPC Practices.

GENERAL INFECTION PREVENTION AND CONTROL ORIENTATION FORM

NAME:	AGE:	POSITION:
NATIONALITY:	SEX:	WORK PLACE:

NO	ORIENTATION TOPICS	TIME
1	1.1. NNGH Infection Control Program	10 minutes
2.	2.1. Healthcare Associated Infection (HAI's) 2.1.1. HAI's Definition & Types	10 minutes
3	3.1. Hand Hygiene: 3.1.1. Types & Indication 3.1.2. Hand Hygiene Practice 3.1.3. 5 Moments of Hand Hygiene	10 minutes
4	4.1. Personal Protective Equipment (PPE): 4.1.1. Definition & Types 4.1.2. Indication and Uses 4.1.3. Donning & Removing	10 minutes
5	5.1. Aseptic Technique: 5.2. Categories of Aseptic Technique 5.2.1. Sterile Technique (Surgical Asepsis) 5.2.2. Clean Technique (Medical Asepsis)	20 minutes
	Break	10 minutes
6	6.1. Management of Patient with Communicable Diseases: 6.2. Isolation Precautions: 6.2.1. Standard Precautions 6.2.2. Expanded Precautions 6.2.2.1. Airborne Precaution 6.2.2.2. Droplet Precaution 6.2.2.3. Contact Precaution	15 minutes
7	7.1. Medical Waste Disposal: 7.1.1. Types of Regular Waste 7.1.2. NNGH Plan for Handling and Disposal of Medical Waste 7.1.3. Management Of Hazard Material Spills	15 minutes
8	8.1. Occupational Health & Safety: 8.1.1. Prevention of Sharps Injuries 8.1.2. Management of Occupational Exposure to Sharp Injuries & Infectious Disease. 8.1.3. vaccination(hepatitis B,influenza,meningitis, measles, mumps, rubella and varicella	20 minutes
9	The staff shall be oriented according to the policy and procedure of the unit / service where he/she assign.	10 minutes
10	I am responsible to notify the EHC & Infection Control Dept. for any of the following signs & symptoms of diarrhea diseases, sore throat, vomiting, fever, and any yellowish eye, and skin lesion eruption and discharges.	
STAFF SIGNATURE		Infection Control Practitioner / Employee Health Nurse

Mr. DHAFAER AL ZULAYQ

INFECTION PREVENTION & CONTROL DIRECTOR

DEPARTMENTAL INFECTION PREVENTION AND CONTROL ORIENTATION

TARGET POPULATION	DATE & TIME	PLACE	RESPONSIBILITY	TOPICS
ICU Staff	1 st Sunday every month 01.00-1.30 pm	ICU	IPC COORDINATOR Dr.Jamila mahjoup IP coordinator Sister Dyna	1. Discuss IPC policies and procedures. 2. Basic infection control practices (H.H., PPE,) 3. Definition and types of HAIs. 4. Infection Prevention Bundles (IPB) 5. Central Line Associated Bloodstream Infection (CLABSI) prevention. 6. Catheter Associated Urinary Tract Infection (CAUTI) prevention. 7. Ventilator Associated Pneumonia (VAP). 8. MDRO management. 9. Isolation procedures.
CSSD Staff	1 st Monday every month 9.00-9.30 am	CSSD	IPC Doctor Dr.Hanan Said Ezalarab IP coordinator Sister Dyna	1. Discuss CSSD Policies and procedures chapter 6 in IPC manual 2. Central Sterilization Service Department Design pathway. 3. Instrument processing. 4. Decontamination steps. 5. Chemical disinfection levels & indications. 6. Steps for packing and wrapping instruments. 7. Steps for pressure steam sterilization. 8. Proper sterilization parameter's 9. Recall of sterilized items. 10. Monitoring of sterilization processes 11. Basic infection control practices(H.H., PPE,...)
Laboratory Staff	1 st Tuesday (every month) 1.00-1.30 pm	Laboratory Department	IPC COORDINATOR Dr.Jamila mahjoup IP coordinator Sister Dyna	1. Discuss IPC policy and procedures no-29" Guidelines for Clinical Laboratory "and chapter 2 "basic practices" 2. Laboratory safety 3. Biosafety cabinet, biosafety level, biosafety precaution. 4. Proper handling of laboratory specimen.
Dietary Staff	1 st Wednesday (every month) 9.00-9.30 am	Dietary Department	IPC Doctor Dr.Hanan Said Ezalarab IP coordinator Sister Sincy	1. Discuss IPC policies and procedures no- 026" Guidelines for Nutrition services and food hygiene "and chapter 2 "basic practices" Kitchen Environment. 2. Infection Control practices during

Dietary Staff				food storage, preparation and cooking. 3. Cutting board to be separated according to each use, cleaning, storage and time of discard. 4. Temperature control (Importance, method & responsibility). 5. Kitchen staff hygiene. 6. Hand hygiene strategy in dietary department. 7. PPE (gloves, hair cover and mask) while handling food. 8. Kitchen staff health (type of vaccination, Occupational injuries)
Laundry Staff	1 st Thursday (every month) 9.00-9.30 am	Laundry	IPC Dr.Hanan Ezelarab Sister Sincy Said	1. Discuss IPC policy no-028 Guidelines for Laundry and Linen Management. 2. Types of linen. 3. Importance of function separation of clean and used linen. 4. PPE during handling linen. 5. How laundry personnel maintain standards of quality in collection, transportation and handling of linen.
Housekeeping Staff	2 nd Sunday (every month) 11.00-11.30 am	Infection Control Department	IPC COORDINATOR Dr. Jamila mahjoup IPCP Sister Sincy	1. Discuss IPC policies and procedures no-67 "Housekeeping". 2. Discuss IPC policies and procedures no-68 "Pest control" 3. Discuss IPC policies and procedures no-70 "Management of blood and body fluid spills" 4. Preparation of cleaning schedule. 5. Methods of cleaning. 6. Hospital approved disinfectant (Uses, precaution, preparation of different concentration). 7. Hospital environment and pest control. 8. Handling blood and body fluid spill and PPE during handling, use of blood.
Medical Waste Staff	2 nd Monday (every month) 9.00-9.30 am	Infection Control Department	IPC Doctor Dr.Hanan Ezelarab Sister Sincy Said	1. Discuss IPC policies and procedures no 63" Management of Infectious Waste". 2. Types of waste. 3. Infection control recommendation during collection, transportation and handling of medical waste.

Engineering and Maintenance Staff	2 nd Tuesday (every month) 9.00-9.30 am	Maintenance Department	<u>IPC</u> <u>COORDINATOR</u> Dr. Jamila mahjoup <u>IPCP</u> Sister Sincy	1. Discuss IPC policies and procedures no 69 "Reconstruction and Renovation Measures in Health Care Facility". 2. Importance of notification of infection control team with any construction project. 3. Methods that minimize dust generation during construction activities. 4. Methods of identification of high risk areas.
Mortuary Staff	2 nd Wednesday (every month) 1.00-1.30 pm	Infection Control Department	<u>IPC</u> <u>COORDINATOR</u> Dr. Jamila mahjoup <u>IPCP</u> Sister Sincy	1. Discuss IPC policies and procedures no 32 "Guidelines for Mortuary" 2. PPE during handling of dead body. 3. Risk of infection transmission from dead bodies. 4. Cleaning and disinfection of morgue. 5. Importance of temperature control. 6. Classification of dead bodies based on mode of transmission and risk of infection
Wards staff	2 nd Thursday (every month) 12.00-12.30 pm	In wards	<u>IPC</u> <u>COORDINATOR</u> Dr. Jamila mahjoup <u>IPCP</u> Sister Sincy	1. Discuss IPC policies and procedures including Basic practices, Isolation procedures, surveillance, MRSA, MDRO's, Environmental health, outbreak and occupational health program). 2. Central Line Associated Bloodstream Infection (CLABSI) prevention. 3. Catheter Associated Urinary Tract Infection (CAUTI) prevention. 4. SSI prevention.

CONTINUES EDUCATIONAL PROGRAM FOR INFECTION PREVENTION AND CONTROL STAFF

NO	DATE & TIME & PLACE	EDUCATIONAL DISCUSSION
1	Every Sunday 80.00-8.30 am By <u>Infection Prevention & Control Director</u> In <u>Infection Control Department</u>	<u>GCC 2018 Infection Prevention and Control Manual Orientation</u> Select one topic from GCC Infection Prevention and Control Manual to be discussed versus the corresponding P&P in NNGH Infection Prevention and Control Manual. <u>MOH guidelines</u> Follow the updated guidelines and the recommendations to implement it in NNGH. <u>Centers of Diseases control and prevention (CDC)</u> Select one topic from CDC to be discussed versus the corresponding P&P in NNGH Infection Prevention and Control Manual.
2	Every Thursday 8.00-8.30 am By <u>Infection Prevention & Control Director</u> In <u>Infection Control Department</u>	<u>Study what is update in Infection Prevention and Control</u> The department study what is update in infection prevention and control through accessing information by the following websites: The Central Board for Accreditation of Health Care institution (CBAHI) The World Health Organization (WHO) Association for Professionals in Infection Control (APIC) National Healthcare Safety Network (NHSN) Any issues update in infection prevention and control will be submitted to concerned department as Infection Prevention and Control Newsletter.
3	Every Monday 8:00- 8:30 am By <u>Infection Prevention & Control Director</u> In <u>Infection Control Department</u>	<u>I. IDENTIFICATION OF INFECTIOUS DISEASE PROCESSES</u> A. Differentiate among colonization, infection, and contamination B. Identify occurrences, reservoirs, incubation periods, periods of communicability, and susceptibility C. Interpret results of diagnostic findings/testing (i.e., lab, x-ray, and other tests) D. Interpret Gram stains and microbiology culture and sensitivity reports E. Identify limitations and advantages of types of tests used to diagnose infectious processes F. Identify appropriate laboratory tests to detect immunity to infectious diseases G. Interpret epidemiologic markers for bacteria in outbreak investigations (e.g., molecular strain identification techniques) H. Recognize sentinel events and epidemiologically significant organisms for immediate review and investigation I. Recommend collection, handling, transport, and storage techniques for microbiologic specimens J. Differentiate among prophylactic, empiric, and therapeutic uses of

	<u>Every Monday</u> <u>8:00- 8:30 am</u> <u>By</u> <u>Infection Prevention</u> <u>& Control Director</u> <u>In</u> <u>Infection Control</u> <u>Department</u>	antimicrobials K. Differentiate between appropriate and inappropriate environmental microbiologic monitoring (e.g., method of sampling, indications for testing) L. Assess patient and employee status regarding: 1. signs and symptoms of infections 2. exposure to communicable disease 3. laboratory results 4. risk of transmission 5. host risk factors M. Identify pathogenesis/microbiologic classification of microorganisms <u>II. SURVEILLANCE AND EPIDEMIOLOGIC INVESTIGATION</u> <u>A. Design of Surveillance Systems</u> 1. Develop a plan based on the population served, organizational goals, services provided, and available data 2. Establish a mechanism for identifying baseline rates 3. Establish a notification system for critical laboratory results 4. Determine appropriate and feasible facility-specific denominator data for: 4.1. surgical procedures (e.g., ASA score, wound classification, surgical time, surgeon-specific) 4.2 device-related infections (e.g., central lines, ventilators, urinary catheters) 4.3 population at risk (e.g., unit-specific, service specific, procedure-specific) 5. Review laboratory reports to identify potential infections due to reportable pathogens 6. Develop data collection forms 7. Design data collection forms for a HESN program 8. Establish a mechanism for identifying those with communicable diseases requiring follow-up and isolation. 9. Select indicators based on the infection control plan and risk assessment. 10. Evaluate periodically the effectiveness of the surveillance plan and modify as necessary 11. Contribute to the development of surveillance systems for infectious adverse events <u>B. Collection of Surveillance Data</u> 1. Use a systematic approach to record surveillance data 2. Use standardized definitions for the identification and classification of events, indicators, or outcomes 3. Collect data on: 3.1 surgical procedures (e.g., ASA score, wound classification, surgical time, surgeon-specific) 3.2 device utilization (e.g., central lines, ventilators, urinary catheters) 3.3 population at risk (e.g., unit-specific, service specific, procedure-specific) 4. Use data from other departments (e.g., admissions, pharmacy, OR) 5. Enter data into a HESN system <u>C. Analysis of Surveillance Data</u> 1. Determine the incidence of healthcare associated infections 2. Calculate device-related infection rates using device days 3. Use basic statistical techniques to describe data (e.g., mean, standard deviation) 4. Calculate rates or ratios
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	<u>Every Monday</u> <u>8:00- 8:30 am</u> <u>By</u> <u>Infection Prevention</u> <u>& Control Director</u> <u>In</u> <u>Infection Control</u> <u>Department</u>	5. Provide surgeons with surgical site infection rates 7. Monitor MDROs. <u>D. Interpretation of Surveillance Data</u> 1. Prepare a monthly report of analyzed data 2. Use computerized system to analyze data 3. Identify variances from baseline surveillance data that require action 4. Recognize statistical significance of surveillance data 5. Use tables, graphs, or charts to present reports of epidemiologic investigation or surveillance 6. Coordinate and/or conduct investigations of clusters of infection or other adverse events occurring above expected levels 7. Recognize the need for an epidemiologic study to investigate a problem (e.g., case control, cohort studies) 8. Report findings of epidemiologic significance to concerned departments. 9. Compare results to published data or other benchmarks <u>E. Outbreak Investigation</u> 1. Collaborate with appropriate persons to establish the case definition, period of investigation, and case finding methods 2. Define the problem using time, place, person, and risk factors 3. Verify existence of outbreak 4. Formulate hypothesis on source and mode of transmission 5. Implement and evaluate control measures 6. Prepare reports. <u>III. INFECTION PREVENTION AND CONTROL</u> <u>A. Develop and review infection control policies and procedures</u> <u>B. Identify infection control strategies:</u> 1. for hand hygiene 2. related to cleaning, disinfection, and sterilization 3. based on variances identified through surveillance 4. for specific inpatient care settings (e.g., nursing units, specialty units, respiratory therapy, operating room) 5. for support services (e.g., environmental, nutritional) 6. to reduce infection risks associated with therapeutic and diagnostic procedures and devices (e.g. Intravascular devices, urinary drainage catheter, bronchoscopy) 7. for management of regulated medical waste disposal 8. for recall of potentially contaminated equipment and supplies 9. for outpatient health care settings (e.g., ambulatory care, home care) <u>C. Initiate and discontinue isolation/barrier precautions when indicated</u> <u>D. Advise on appropriate patient placement</u> <u>E. Evaluate patient care environments for infection control</u> practices and hazards through environmental inspections <u>F. Review the infection control implications of products and medical equipment</u> <u>G. Advise on infected cases transfer/discharge planning process</u> <u>H. Collaborate on immunization programs for patients</u> <u>I. Develop and implement infection control risk assessment for construction</u>
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**MONTHLY INFECTION PREVENTION & CONTROL
ORIENTATION PROGRAM SCHEDULED FOR NNGH STAFF IN THE YEAR 2023**

Speaker	Title of lecture	Date
Dr.Hanan Said Ezelarab	EBOLA Outbreak	12-01-2023 (19-06-1444)
Dr.Hanan Said Ezelarab	Medical waste Management	09-02-2023 (18-07-1444)
Dr.Hanan Said Ezelarab	Health Care Workers Vaccination	09-03-2023(17-08-1444)
Dr.Jamila Mahgoup Mohamed	Cholera Outbreak	11-05-2023(22-10-1444)
Dr.Jamila Mahgoup Mohamed	Environmental Disinfection	08-06-2023(19-11-1444)
Dr.Jamila Mahgoup Mohamed	Clostridium Difficile	13-07-2023(25-12-1444)
Dr.Hanan Said Ezelarab	Standarad precautions	10-08-2023(23-01-1445)
Dr.Hanan Said Ezelarab	Isolation precaution	14-09-2023(29-02-1445)
Dr.Hanan Said Ezelarab	HAIS Effective Preventive Measures	12-10-2023(27-03-1445)
Dr.Jamila Mahgoup Mohamed	Antimicrobial resistance Remedies	09-11-2023(25-04-1445)
Dr.Jamila Mahgoup Mohamed	COVID-19 Update	07-12-2023(23-05-1445)
Dr.Jamila Mahgoup Mohamed	CAUTI	12-01-2023

APPROVED BY:
Mr.DHAFFER AL ZULAYQ
IPC Director